Electronic Acl	knowledgement Receipt			
<b>EFS ID:</b> 1532619				
Application Number:	10687109			
International Application Number:				
Confirmation Number:	8719			
TOTAL COST 06/21/2007 CKHLOK V 00002073 191970 10687109 250.00 CR				
Title of Invention:	Three dimensional structures and models of Fc receptors and uses thereof			
First Named Inventor/Applicant Name:	P. Mark Hogarth			
Customer Number:	22442			
Filer:	Darla Yoerg			
Filer Authorized By:	·			
Attorney Docket Number:	5478-4-1			
Receipt Date:	21-FEB-2007			
Filing Date:	15-OCT-2003			
Time Stamp:	13:53:05			
Application Type:	Utility			

## Payment information:

Submitted with Payment	yes
Payment was successfully received in RAM	\$250
RAM confirmation Number	2073
Deposit Account	191970

The Director of the USPTO is hereby authorized to charge indicated fees and credit any overpayment as follows:

Charge any Additional Fees required under 37 C.F.R. Section 1.16 and 1.17

## File Listing:

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND								
1 Dai	1 Date of Request: 06/20/07 2 Serial/Patent				# 10/687,109			
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT			
Filing .					\$			
Amendment					\$			
Extension of Time				·	\$			
Notice of Appeal/Appeal						\$		
X Petition		IFW		02/21/07	\$ 250.00			
	Issue					\$		
Cert of Correction/Terminal Disc.					\$			
Maintenance					\$			
Assignment					\$			
	Other					\$		
		7 TOTAL AMOUNT OF REFUND \$			\$ 250.00			
	***************************************		8 TO	BE 1	REFUNDED I	BY:		
10 REASON:		Treasury Check						
	Overpayment		X Credit Deposit A/C #:					
	Duplicate Payment			9	1 9 1	9 7 0		
Х	No Fee Due (Explanation):							
We	granted as a petition to withdraw the holding of	fabandonm	ent (free	) so no	fee needed for	petition to revive		
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: Charles Steven Brantley TITLE: Senior Petitions Attorney								
SIGNATURE:								
OFFICE: Office of Petitions								
THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPROVED: DATE:								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B